

the stomach unassisted can be passed per rectum. This does not, however refer to the esophageal foreign bodies which require esophagoscopy removal.

2. Administration of cathartics and changes in diet are absolutely unnecessary, and indeed are contraindicated.

3. Every endogastric foreign body requires a daily fluoroscopic study and at times stereoscopic x-ray films. It is infinitely safer to wait even for weeks than to proceed too hastily.

4. When indicated, gastrosopic removal of such foreign bodies is a safe and sensible procedure in trained hands, and can be accomplished with or without anesthesia in but a few minutes.

432 South Boyle Avenue.

ABERRANT THYROID

REPORT OF CASE

By A. B. COOKE, M. D.
Los Angeles

THE term "aberrant thyroid" is employed rather loosely in the literature. Misplaced thyroid tissue occurs as the result of two different processes, namely, developmental and metastatic. In the former the site of the new growth is practically always in the anterior portion of the neck, usually contiguous to the normal gland. In the latter it may be virtually anywhere in the body and involve any organ or tissue. It is interesting to note also, with reference to the latter, that it is very apt to present evidence of malignancy either in the metastatic deposit or in the tissues with which it is associated.

It is true, of course, that all metastatic growths are in a sense aberrant. But all aberrant growths are not metastatic. Clarity would be promoted if all who report cases would bear this distinction in mind.

Mention of aberrant thyroid is chiefly conspicuous for its absence in the voluminous current literature on the thyroid and its diseases. The rarity thus indicated is doubtless more apparent than real. The problem presented and the interest involved concern pathology rather than clinical

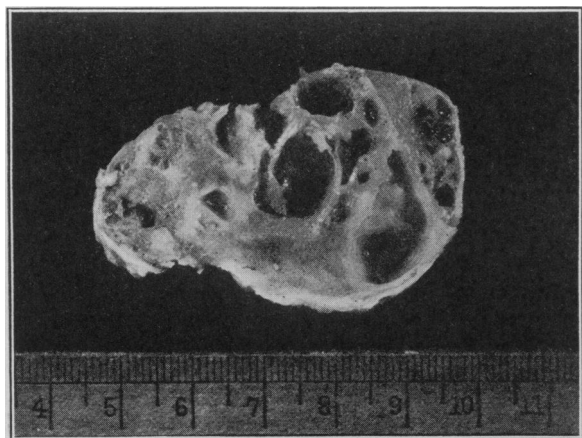


Fig. 1.—Showing size and shape of tumor with cystic changes.

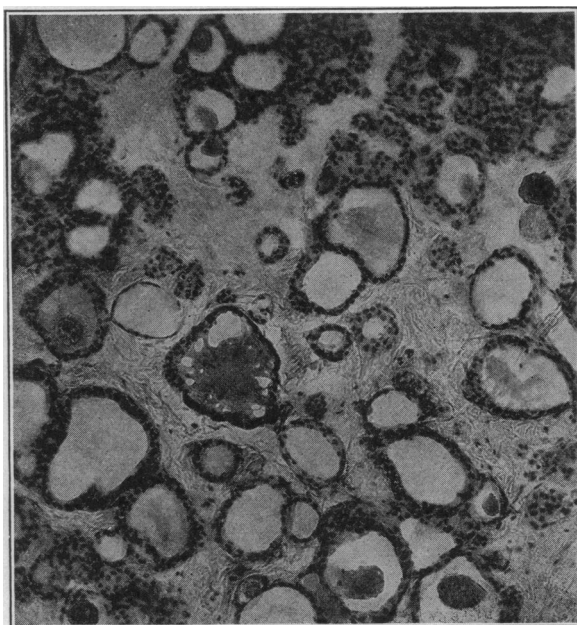


Fig. 2.—Microphotograph of section showing typical thyroid structure.

surgery. Unless the true nature of the case is suspected from the location of the lesion, it is probable that correct preoperative diagnosis is made in only a negligible percentage of cases. In most instances the diagnosis would not be made but for the good offices of the pathologic laboratory.

So it was with the case here reported. The investigation I have been able to make failed to disclose any report of an aberrant thyroid located at a corresponding site. The case is mainly of interest on that account.

REPORT OF CASE

R. M., white, male, age sixty-four, came into my service at the Los Angeles General Hospital on August 8, 1931, for removal of tumor of the neck. He had been, since June 13, in the urological department, where a prostatectomy was performed on July 7. He had been aware of the neck tumor for the past five years only, stating that it had increased considerably in size during the preceding few months, and had become quite tender, even giving rise to pain when he laid on that side.

Examination revealed a firm mass about the size of an average hen's egg, located above the middle of the left posterior triangle of the neck on a level with the angle of the jaw. It was located entirely behind the sternomastoid in the interspace between that muscle and the trapezius. It was firmly attached to the overlying skin as well as to all adjacent structures. Preoperative diagnosis: Fibro-adenoma. The tumor was removed under local anesthesia, requiring sharp dissection throughout. The spinal accessory nerve was exposed and identified, as it crossed the bed in which the tumor lay.

Laboratory report: Specimen consists of an egg-shaped mass of tissue, measuring 5x3x2.5 centimeters. Section shows a multilocular cystic arrangement, some with calcareous walls. Microscopic section shows typical thyroid tissue. Diagnosis: Thyroid adenoma with degenerative changes. No evidence of malignancy.

The accompanying cuts tell the story better than written description. The thyroid gland was normal in size and feel, Primary union took place and the patient was dismissed in five days.

727 West Seventh Street.